

March 26, 2007

RE: Stephanie Mitchem v. Department of Social and Health Services
Allocation Review Request 06AL0069

Dear Ms. Mitchem:

On October 12, 2006, I conducted a Director's review meeting at the Department of Personnel, 2828 Capitol Boulevard, Olympia, Washington, concerning the allocation of the following Medical Assistant Specialist 2 positions:

Stephanie Mitchem – Position #VD68
Beatrice Quichocho – Position #SU10
Antonio Gallegos – Position #QL68

All of the employees were present at the Director's review meeting. Pam Pelton, Classification and Recruitment Manager, and Patty Nutt, Human Resource Consultant, represented the Department of Social and Health Services (DSHS).

Background

On November 1, 2005, Ms. Quichocho and Mr. Gallegos submitted Position Description Forms (PDFs) to the Human Resources Division at DSHS, requesting that their Medical Assistant Specialist 2 (MAS 2) positions be reallocated to the Medical Assistant Specialist 3 (MAS 3) classification. On February 2, 2006, you submitted your PDF, requesting the same reallocation. Each employee works in the Division of Disability Determination Services, Consultative Exam Unit.

By letter dated February 6, 2006, Human Resource Consultant Patty Nutt denied your reallocation request and concluded your position was properly allocated to the MAS 2 classification. After reviewing your PDF and interviewing you, Ms. Nutt determined your duties had not significantly changed and the majority of your work did not fit the criteria required at the MAS 3 level.

The following summarizes the employees' perspective as well as DSHS's.

Summary of Employees' Perspective

The employees assert their duties exceed the MAS 2 classification because of process changes to their work including a conversion from one computer system to another and to a paperless system. As such, the employees contend vendor files require a lot more maintenance, including an awareness of Current Procedural Terminology (CPT) and proper coding so information can be corrected or added. Further, the employees state the majority of their duties include verifying claims and reports to ensure quality and completeness before forwarding to adjudicators. The employees describe their roles as working with medical providers and claimants in social security disability to make sure procedures like transportation and billing occur smoothly and the proper examinations are ordered. Although the employees do not work with managed care health plans, they contend they coordinate processing interactions between providers and claimants as it relates to social security disability. For example, the employees assert the functions they perform like authorizing payments and arranging for the correct consultative exams are similar to MAS 3 positions coordinating premium payments to managed care health plans and fees relating to services for Medicaid clients.

While the employees acknowledge the MAS 3 specification is not an exact match for the duties they perform, they assert the following duties relate to the MAS 3 classification (Exhibit C):

- Use multiple systems when authorizing claims, reimbursements, and travel, and interpreter services;
- Authorization as far as submitting payments for vouchers;
- Resolving technical problems and conflicts with claimants and vendors;
- Training of entry level office assistant positions regarding vouchers.

In addition, the employees describe work they believe is consistent with the typical work identified in the MAS 3 specification, though the duties they perform relate to social security disability. For example, the employees contend they research, create and maintain all information in vendor files, which requires an understanding of payment, CPTs and eligibility. They further contend they research and resolve conflicts regarding scheduling and vendor payments affecting vendor payment eligibility. They also describe the coordination of processing interactions between fees for service and service rendered as similar to coordinating between managed care and fees for service. The employees contend they provide consultation on the correct exam types and proper testing.

The employees assert they research, analyze and determine payments on claims, travel requests, and interpreters, requiring approval. The employees state they resolve complaints from claimants and vendors, including claimants' refusals to attend appointments, doctors' complaints regarding communication, as well as adjudicators'

complaints regarding the quality of reports. The employees state they also resolve transportation and interpreter issues and approve payments for services. The employees assert they approve payments once services are performed and assist vendors on billing instructions. Overall, the employees believe they meet the criteria listed on the MAS 3 specification as it relates to the unique functions of disability services.

Summary of the Department of Social and Health Services' (DSHS's) Reasoning

DSHS contends the employees do not meet any of the eight criteria listed at the MAS 3 level. DSHS asserts the employees do not authorize medical services; rather, DSHS asserts the employees review the computer screens and the adjudicators give prior authorization. DSHS asserts the employees process claims/bills for medical services, by applying policies and procedures and using CPT and internal coding to track authorization for services in the computer system rather than coordinate benefits indicative of the MAS 3 level. Further, DSHS asserts the employees do not interpret or coordinate complex medical accounts or determine initial or ongoing medical eligibility and contends other agencies coordinate the application process. With regard to problem resolution, DSHS acknowledges the employees resolve technical and complex problems with staff and vendors but asserts those duties are consistent with the MAS 2 classification. DSHS asserts the employees are not assigned training duties and do not supervise a unit of MAS 1 and/or 2 positions, though they may assist peers and lower level staff when needed. Therefore, DSHS contends the employees do not meet the criteria stated in the definition of the MAS 3 specification.

Additionally, DSHS contends the majority of work relates to independently scheduling complex medical exams, including processing, updating, and verifying information in the computer system. As part of the process, DSHS asserts the employees apply policies and procedures. DSHS further contends the duties have not changed, though the computer system has been updated. DSHS describes the AS400 computer tracking system as a tool for performing related tasks but asserts the duties remain the same. As a result, DSHS believes the employees' positions are properly allocated to the MAS 2 classification on a best fit basis.

Director's Determination

This position review was based on the work performed for at least the six-month period prior to February 2, 2006, the date on the PDF used in your reallocation request.

As the Director's designee, I carefully considered all of the documentation in the file, the exhibits presented during the Director's review meeting, and the verbal comments provided by all parties. Based on my review and analysis of your assigned duties and responsibilities, I conclude your position is properly allocated to the Medical Assistance Specialist 2 classification.

Rationale for Determination

The definition of MAS 2 states the following:

Examines and adjudicates initial system exception messages for health insurance claims. Processes, updates, verifies and/or computes and adjusts client and/or provider eligibility, or dental authorization screens, and/or explains to clients and/or providers their benefits, rights and responsibilities. Establishes managed care enrollment and plan accounts and performs routine account adjustments.

The distinguishing characteristics of a MAS 2 position describe assignments in the medical assistance program as typically the processing, correspondence, and phoning portion of the work.

The essential functions of your position, as stated on the Position Description Form (PDF) (Exhibit 1), indicate that you investigate, analyze, adjudicate, and determine final disposition of complex medical claims for scheduling an array of consultative medical exams, evaluations, and tests in areas including psychological, psychiatric, neurological, orthopedic, optometry, pulmonary, cardiology, pediatric, physical and occupational therapy, audiological, ancillary, ex-ray, and lab work and that you encumber funds for payment upon scheduling the exams, verifying and authorizing payments upon receipt of completed exams. In performing these duties you use your comprehensive knowledge of CPT coding, language interpreters, and travel expenditure claimants, as well as your knowledge of which tests are appropriate for each medical specialty, and you apply state, federal, and departmental rules and policies when scheduling the consultative exams (CE).

The work performed is described as follows:

- Arranges for interpreters as appropriate. Researches, analyzes, and processes payment for travel reimbursement. Monitors and coordinates special needs and requests and resolves any issues relating to transportation or interpreter services.
- Handles calls from CE sources when a claimant does not attend the exam, notifies adjudicative staff and reschedules exams when appropriate or refers to adjudicative staff.
- Establishes and maintains effective working relationships with authorized medical providers by providing expert consultative services and training and resolves complex problems with adjudicative staff, vendors, and accounting department, including adjustments to encumbered obligations.

During the position interview conducted by Ms. Nutt, you and the other employees indicated that 50 – 60% of your work time dealt with scheduling exams and that the work

comes from disability adjudicators (Exhibit 4). As such, you make decisions regarding an exam change, for example, from one medical specialty to another, which demonstrates your knowledge of the various medical areas. You also exercise quality control and work with transportation vendors and interpreters to resolve issues regarding claims. During the Director's review meeting, you and the other employees clarified the only staff members who adjudicate are adjudicators.

When comparing the work you perform to the MAS classifications, I understand it is not an exact fit because you deal with disability as opposed to managed care. However, when comparing the work functions, your position fits the definition of an MAS 2 because you process, update, verify and make adjustments to claims, and you ensure the information is correctly coded in the computer system.

The investigating and analyzing functions you perform relate to claims and vendor files. Although allocation decisions are made by comparing the duties of the position to the definition and distinguishing characteristics, the examples of typical work can lend support to the decision. As such, the typical work of an MAS 2 that relates to your position includes the following:

- Analyzing and reviewing complex codes, in this case CPT codes;
- Determines final payment of resolutions and adjustments, similar to the payment resolutions you handle with vendors;
- Identifies, reviews, and researches claims;
- Verifies information, audits reports, and makes corrections;
- Monitors computer service requests, in this case as it relates to the AS400 system;
- Verifying care providers, in this case the vendors and consultative exams;
- Independently analyzes complex records and timely resolves disputes;
- Creates written correspondence to clients (claimants, vendors, agencies, and providers);
- Coordinates multiple systems, in this case the various medical specialties and vendors;
- Interprets program WACs; you apply your knowledge of the rules and policies;
- Provides expert consultative services to clients, providers, in this case you work with hospitals, physicians, and other authorized medical providers.

During the position interview conducted by Ms. Nutt, you also explained that the CE Unit changed computers systems from the WANG to AS400 a few years ago and that the new computer system is more complicated to work with. You also expressed this during the Director's review meeting. While I understand more troubleshooting may be involved, as well as additional steps in the process, those items are not allocating criteria. The duties indicated on your PDF as well as in the position review notes show a majority of your duties relating to the scheduling of exams, arranging for transportation and interpreter services, and verifying the correct CPT codes and other pertinent information to ensure

correct services and proper payment. Those functions meet the processing, verifying, and updating functions stated in the definition of a MAS 2.

The MAS 3 classification states positions provide expert consultative services to providers, clients, and/or other external customers and meet one of the following criteria:

- 1) Determines prior authorization or medical services;
- 2) Adjudicates complex claims utilizing multiple systems and/or contracts;
- 3) Coordinates benefits;
- 4) Interprets, coordinates and/or services complex medical accounts such as exemptions from managed care . . . ;
- 5) Determines initial and/or ongoing medical eligibility . . . ;
- 6) Resolves technical problems involving clients, agencies, carriers, and/or providers;
- 7) Trains newly hired entry level internal staff;
- 8) Supervises a unit of Medical Assistance Specialists 1s and/or 2s.

The distinguishing characteristics at the MAS 3 level note that positions investigate, research, and analyze duties involved in resolving problems including payments to providers, eligibility, enrollment, recoupment, overpayments, and authorizations a majority of time. Further, these positions are distinguished from the MAS 2 by their independence of action, limited supervisory direction, and broad discretion to perform the full range of technical and professional duties.

While you do resolve issues as they relate to processing claims and scheduling exams, the resolution is limited to verifying or correcting information and resolving discrepancies with vendors, which are characteristics of the work performed at the MAS 2 level. I also understand your knowledge and expertise allow you to answer questions for prospective medical providers and recognize inaccurate information. I have no doubt your expertise and willingness to assist others contributes greatly to the CE unit. An allocation, however, is based on the majority of work assigned to a position.

Based on the descriptions on the employees' PDFs, in the interview notes, and during the Director's review meeting, the majority of work relates to scheduling and verifying claims, which is best defined by the MAS 2 classification. Therefore, based on the overall duties and responsibilities assigned, the Medical Assistance Specialist 2 classification best describes the employees' positions, which include the following positions #: VD68; SU10; and QL68.

Appeal Rights

WAC 357-49-018 provides that either party may appeal the results of the Director's review to the Personnel Resources Board (board) by filing written exceptions to the Director's determination in accordance with Chapter 357-52 WAC.

WAC 357-52-015 states that an appeal must be received in writing at the office of the board within thirty (30) calendar days after service of the Director's determination. The address for the Personnel Resources Board is 2828 Capitol Blvd., P.O. Box 40911, Olympia, Washington, 98504-0911.

If no further action is taken, the Director's determination becomes final.

Sincerely,

Teresa Parsons
Director's Review Supervisor
Legal Affairs Division

c: Pam Pelton, DSHS
Lisa Skriletz, DOP

Enclosure: List of Exhibits